

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7000 0600 0025 7324 0534
June 28, 2001

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Notice of Responsibility

Record ID: RO0002436
Arco Station # 4977
2770 Castro Valley Blvd.
Castro Valley, CA 94546

SITE

Date First Reported 3/15/2001
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y


Paul Supple
ARCO Products Company
P.O. Box 6549
Moraga, CA 94570

Responsible Party (RP)
Property Owner

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified ARCO Products Co. as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency within 20 calendar days of receipt of this notice which identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 341-5808 or telephone (916) 341-5700.

Pursuant to section 25299.37(c) (7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6783 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director
Date: 7/14/01

Please Circle One Add Delete Change
Reason: New case

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

June 28, 2001

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00002436
ARCO Station #4977
2770 Castro Valley Blvd.
Castro Valley, CA 94546

Date First Reported 3/15/2001
Substance: Gasoline
Petroleum (X) Yes
Source: F

Paul Supple
ARCO Products Company
P.O. Box 6549
Moraga, CA 94570

Responsible Party #1
Property Owner

Michael Seroy
ARCO Station #4977
2770 Castro Valley Blvd.
Castro Valley, CA 94546

Responsible Party #2
Contact Person
Contact Company

7000 0600 0025 7324 0534

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Paul Supple / Arco Co
Street, Apt. No., or PO Box No.
P.O. Box 6549
City, State, ZIP+4
MORAGA, CA 94570

PS Form 3800, February 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL SETOY
ARCO Station # 4977
2770 CASTRO VALLEY BLVD
CASTRO VALLEY, CA 94546

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

07-18-01

5. Received By: (Print Name)

A.R. GUERRERO

6. Signature: (Addressee or Agent)

X A.R. Guerrero

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7000 0600 0025 7324 0527
June 28, 2001

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
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Michael Seroy
ARCO Station #4977
2770 Castro Valley Blvd.
Castro Valley, CA 94546

Responsible Party (RP) #2
(list of all RPs attached)

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Date: 7/18/01

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Scott Seery, Hazardous Materials Specialist

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HAZARDOUS MATERIALS DIVISION

June 28, 2001

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Paul Supple
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P.O. Box 6549
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Property Owner

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Responsible Party #2
Contact Person
Contact Company

U.S. Postal Service
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 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0025 7324 0527

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
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 Street, Apt. No., or P.O. Box No.
 2770 CASTRO VALLEY BLVD.
 City, State, ZIP+4
 CASTRO VALLEY CA

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Restricted Delivery

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 ARCO Products Co.
 P.O. BOX 6549
 MORAGA, CA 94570

4a. Article Number

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 JUL 20 2001

5. Received By: (Print Name)
 Paul Supple

6. Signature: (Addressee or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

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